

Board of Registration in Medicine
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www.mass.gov/massmedboard

NAME CHANGE AND DUPLICATE LICENSE REQUEST

Please read the following instructions for requesting a name change as a result of marriage or court order attached to the Notary Public Attestation For Name Change form.

NAME CHANGE AS A RESULT OF MARRIAGE OR BY A COURT ORDER

Please submit the following:

- A notarized copy of the marriage certificate from the jurisdiction in the United States in which the licensee was married (if you were married outside of the United States, you must submit your original marriage certificate with a self-addressed envelope to be returned to you), or a notarized copy of a court order.
- A current passport-sized color photograph (2 x 2) which has been attested to by a notary public or other official authorized to administer oaths. The attestation must identify the individual represented in the photograph and state that the photograph accurately depicts the individual so identified. Please complete the Notary Public Attestation for Name Change form.
- Your original wall certificate and your wallet sized card (full licensees only).

Print Name: _____ MA License #: _____

Print new name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For Office use only

Date Rec: ____/____/____ ☐ Photograph notarized/dated ☐ Board photograph confirmed

☐ Name changed ☐ Wallet card printed/mailed ☐ Wall Certificate printed/mailed

Date Completed: ____/____/____ Board Staff _____

Approved by: _____ Date: ____/____/____

NOTARY PUBLIC ATTESTATION FOR NAME CHANGE

- **INSTRUCTIONS TO THE APPLICANT:** A current passport-sized color photograph (2 x 2) which has been attested to by a notary public or other official authorized to administer oaths. The attestation must identify the individual represented in the photograph and state that the photograph accurately depicts the individual so identified. The photograph must have the signature of the applicant, the date and the signature and seal of a U.S. Notary Public.

IDENTIFICATION PHOTOGRAPH

Attach a recent 2 x 2 color photograph on the left side. Black and white photographs will not be accepted. The photograph must be current within the past six months.

You must sign your name and the date in the presence of a Notary.

I swear or affirm that the contents of this document are truthful and accurate to the best of my knowledge and belief.

Signature of Applicant: Date: ____/____/____

Print Name: _____

NOTARY ATTESTATION

I certify that the photograph above is a genuine likeness of the maker of the signature, who personally appeared before me this day. The maker of the signature provided satisfactory evidence of identification, which was _____

Subscribed and sworn to before me:

Signature of Notary: Date: ____/____/____

Print name of Notary:

My commission expires: _____

Notary Public Seal or Stamp